



# Benedictine University

## DOCTORAL DEGREE PROGRAMS

### Application For Admission

**Main Campus:**

5700 College Road  
Lisle, Illinois 60532

Phone: (630) 829-2277 Fax: (630) 829-6371

Toll-free: (877) 353-9622

**Email:** [nationalenrollment@ben.edu](mailto:nationalenrollment@ben.edu) **Web Address:** [ben.edu/gradadult](http://ben.edu/gradadult)

Fee Code
ADM staff approval
Date

## APPLICATION INFORMATION

### Doctor of Philosophy (Ph.D.) in Organization Development (O.D.)

A Full Application Packet for this program includes:

- Completed application for admission and \$50 application fee (non-refundable)
- Career objective essay - details below
- Current professional resume (including employment history with details of leadership responsibilities, skill sets and results; school, community and other leadership positions; service activities; pertinent publications, presentations and involvement in professional organizations) - details below
- Official** transcripts from all universities attended - details below
- Letters of Recommendation - one professional and one academic - details below
- International Student Information/Financial Support - if applicable - details below

A personal interview with a doctorate faculty member may be scheduled after receipt of all documents.

Applications for the April 2020 start are accepted beginning June 2019.

### Doctor of Philosophy (Ph.D.)/Doctor of Business Administration (D.B.A.) in Values-Driven Leadership (V.D.L.)

A Full Application Packet for this program includes:

- Completed application for admission and \$50 application fee (non-refundable)
- Career objective essay - details below
- Current professional resume (including employment history with details of leadership responsibilities, skill sets and results; school, community and other leadership positions; service activities; pertinent publications, presentations and involvement in professional organizations) - details below
- Official** transcripts from all universities attended - details below
- Letters of Recommendation - one professional and one academic - details below
- International Student Information/Financial Support - if applicable - details below

A personal interview with a doctorate faculty member may be scheduled after receipt of all documents.

Applications for the April 2019 start are accepted beginning April 1, 2018; deadline is November 1, 2018. Applications received after November 1, 2018 will be considered on a space-available basis.

## ACADEMIC INFORMATION — PLEASE CHOOSE THE PROGRAM FOR WHICH YOU ARE APPLYING

- Doctor of Philosophy in Organization Development (Ph.D. O.D.)
- Doctor of Philosophy/Doctor of Business Administration in Values-Driven Leadership (Ph.D./D.B.A. V.D.L.)

## ADMISSIONS INFORMATION

When do you expect to enter Benedictine University?  2019 CVDL  2020 PHDOD

How did you hear about Benedictine University? \_\_\_\_\_

Have you visited the Benedictine University campus?  No  Yes

## ENTRANCE REQUIREMENTS

### Ph.D. in Organization Development

- Master's degree from an accredited institution.
- International Students: TOEFL and/or IELTS scores may be required (confirm with department)
- Essay Statement - Email Separately:  
Please submit your response to the following, double-spaced, one-to-five pages in length: Describe how the Ph.D. fits with your long-term career objectives. Please include potential areas of research interest and any international work experience.

### Ph.D./D.B.A. in Values-Driven Leadership

- Master's degree from an accredited institution.
- International Students: TOEFL and/or IELTS scores may be required (confirm with department)
- Essay Statement - Email Separately:
  1. Describe your personal and professional goals and how a Ph.D./D.B.A. will help you achieve your goals.
  2. Describe why you are interested in a degree in Values-Driven Leadership.
  3. Describe potential topics of interest for your dissertation.
  4. Doctorate programs are rigorous but rewarding. Please comment on personal attributes as well as previous experiences that are reflective of your ability to successfully complete a doctorate-level program. You are encouraged to be creative in your answer but here are some suggestions of information you may want to consider when crafting your response:
    - Previous academic and professional experiences that document your capacity for learning
    - Personal characteristics you will contribute to the program
    - What makes you a good candidate for this program

## ENTRANCE REQUIREMENTS

### OFFICIAL TRANSCRIPTS

1. Your school(s) may be approved to send official transcripts electronically to Benedictine University. If so, please have them sent directly to [nationalenrollment@ben.edu](mailto:nationalenrollment@ben.edu) and we will confirm acceptance of official documents upon receipt.
2. If submitting paper transcripts, they must bear the signature of the registrar and institutional seal. Mail to:

Benedictine University  
ATTN: Enrollment  
5700 College Rd.  
Lisle, IL 60532

3. Foreign credit must be evaluated by Educational Perspectives at [www.edperspective.org/benedictine](http://www.edperspective.org/benedictine), World Education Services (WES) at [www.wes.org](http://www.wes.org), or Education Credential Evaluators (ECE) at [www.ece.org](http://www.ece.org). ECE reports must be a "course by course" evaluation of transfer credit. An official evaluation must be sent directly to Benedictine University. Please contact your program director for more information.

### LETTERS OF REFERENCE

All doctorate programs require two letters of reference. Submit two letters of recommendation, one professional and one academic that speak to your character, capacity, performance and ability to do doctoral level work with excellence.

Please list the name, relationship and position of references below and have each reference send their letter directly to the program contact listed at end of document.

NAME	RELATIONSHIP	POSITION
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NAME	RELATIONSHIP	POSITION
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### The following information applies to all programs:

1. All documents submitted become property of Benedictine University and will not be released to the student or any third party.
2. Students with a documented physical or mental disability may be eligible for special accommodations through the Americans with Disabilities Act. Please contact the Academic and Career Enrichment Center for more information.

## GENERAL INFORMATION

LAST NAME	FIRST	MIDDLE	MOBILE PHONE	OFFICE PHONE	HOME PHONE
OTHER NAMES		MAIDEN (IF ANY)	SOCIAL SECURITY NUMBER		
STREET ADDRESS			EMAIL ADDRESS		
CITY	STATE	9-DIGIT ZIP CODE	DATE OF BIRTH (MM/DD/YY)		
COUNTY	HOME COUNTRY		MARITAL STATUS		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
			<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER		

Are you Hispanic/Latino?    No    Yes

Select one or more of the following races:

AMERICAN INDIAN/ALASKA NATIVE  
  ASIAN  
  BLACK OR AFRICAN AMERICAN  
  NATIVE HAWAIIAN/PACIFIC ISLANDER  
  WHITE

Religion:

<input type="checkbox"/> AGNOSTIC	<input type="checkbox"/> CHURCH OF CHRIST	<input type="checkbox"/> JUDAISM	<input type="checkbox"/> MUSLIM	<input type="checkbox"/> PRESBYTERIAN	<input type="checkbox"/> SEVENTH DAY ADVENT
<input type="checkbox"/> ATHEIST	<input type="checkbox"/> EASTERN ORTHODOX	<input type="checkbox"/> LDS MORMON	<input type="checkbox"/> NONE	<input type="checkbox"/> QUAKER	<input type="checkbox"/> UNITED CHURCH OF CHRIST
<input type="checkbox"/> BAPTIST	<input type="checkbox"/> EPISCOPAL	<input type="checkbox"/> LUTHERAN	<input type="checkbox"/> OTHER CHRISTIAN	<input type="checkbox"/> ROMAN CATHOLIC	<input type="checkbox"/> UNITARIAN UNIVERSAL
<input type="checkbox"/> BUDDHIST	<input type="checkbox"/> HINDU	<input type="checkbox"/> METHODIST	<input type="checkbox"/> OTHER RELIGION	<input type="checkbox"/> SIKH	<input type="checkbox"/> ZOROASTRIAN

Is English the primary language spoken in the home?    No    Yes   If no, please state language \_\_\_\_\_

Are you a U.S. citizen?    No    Yes

If yes, check one:    By birth    By naturalization   (naturalization certificate number:) \_\_\_\_\_

If no, are you a U.S. permanent resident/immigrant/green card holder?    No    Yes

If yes, please attach a copy of your permanent residency card.

Have you ever pleaded "guilty" or "no contest" to, or been convicted of, a felony?    No    Yes

If yes, please provide date(s) and details \_\_\_\_\_

ANSWERING YES DOES NOT CONSTITUTE AN AUTOMATIC BAR TO ADMISSION. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT. NOTE: YOU ARE NOT OBLIGATED TO DISCLOSE THE EXISTENCE OF ANY CONVICTION OR ARREST RECORDS WHICH HAVE BEEN SEALED OR EXPUNGED PURSUANT TO CHAPTER 20, SECTION 2630/12 OF THE ILLINOIS COMPILED STATUTES.

## EMPLOYER INFORMATION - RESUME REQUIRED

Are you currently employed?  No  Yes  Full Time  Part Time  
 Are you a veteran or currently serving in the U.S. Military?  No  Yes  
 Are you or have you ever been an employee of Benedictine University?  No  Yes

EMPLOYER/COMPANY NAME	POSITION
TELEPHONE	WORK EMAIL (OPTIONAL)
ADDRESS	
CITY, STATE, ZIP	
COUNTY	COUNTRY

DESCRIBE YOUR CURRENT JOB RESPONSIBILITIES

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Does your employer provide tuition reimbursement?  No  Yes  
 Please submit your current professional resume directly to the department as an electronic attachment.

## EDUCATIONAL HISTORY

**IMPORTANT: FAILURE TO LIST BELOW ALL UNIVERSITIES AND POST-SECONDARY INSTITUTIONS IN WHICH YOU ENROLLED (INCLUDING CORRESPONDENCE AND EXTENSION COURSES) MAY RESULT IN DELAY IN ADMISSION, LOSS OF TRANSFER CREDIT, AND/OR DISMISSAL. IT IS THE APPLICANT'S RESPONSIBILITY TO HAVE OFFICIAL TRANSCRIPTS FORWARDED FROM EACH INSTITUTION IN WHICH YOU ENROLLED. AN OFFICIAL TRANSCRIPT IS REQUIRED EVEN IF ENROLLMENT WAS FOR A BRIEF TIME AND NO CREDIT WAS ESTABLISHED.**

NAME(S) OF ALL COLLEGE(S) ENROLLED AND CITY/STATE <small>(Undergraduate &amp; Graduate Level)</small>	DATES ENROLLED <small>(check box if last school attended)</small>	DEGREE CONFERRED	MAJOR	MINOR	GPA
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

For students with international postgraduate level credits,\* indicate years of full-time study instead of credit hours:

One year or less  Two years  Three years  Four years or more

\*Students with credits earned outside the United States may be required to have these credits evaluated.

Will you have a postgraduate degree completed prior to enrollment at Benedictine University?

No  Yes If yes, what degree? \_\_\_\_\_

**I understand that I must disclose all schools enrolled and failure to do so can lead to the denial of admission, revoking of admission or administrative withdrawal from course enrollment.**

Signature \_\_\_\_\_

Have you ever applied to any doctorate program at Benedictine University?  No  Yes If yes, when? \_\_\_\_\_

Have you ever enrolled at Benedictine University?  No  Yes If yes, dates enrolled \_\_\_\_\_

If yes, have you attempted any college credit since attending Benedictine University?  No  Yes

Have you ever been suspended, placed on probation or dismissed from any high school or college?  No  Yes

If yes, please explain the following on a separate sheet of paper: date of occurrence, summary of incident, how you were held accountable (outcomes, sanctions, etc.) and any additional information you wish to provide. Please note: additional information may be requested.

## INTERNATIONAL STUDENT INFORMATION

**If you are an international applicant for a doctoral program planning to study under a visa, please complete the following information showing required citizenship and financial information.**

**An international applicant is a citizen or permanent resident alien of a country other than that of United States.** Any student who is a U.S. citizen or a U.S. permanent resident with international credit is considered a domestic student and does not need to complete this page.

Country of citizenship: \_\_\_\_\_

Country of birth: \_\_\_\_\_ City of birth: \_\_\_\_\_

Country of residency: \_\_\_\_\_

Are you currently in the U.S. on a visa?  No  Yes

If yes to above, please indicate visa type: \_\_\_\_\_

When does your current visa expire? Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Please indicate which school in the U.S. you are attending: \_\_\_\_\_

**If you intend to transfer your SEVIS record from your current school, please email [ips@ben.edu](mailto:ips@ben.edu) for critical information.**

### I request Benedictine to issue the following:

- I-20 (for F-1 student visa). My primary source of funding will be a Benedictine assistantship, personal funds or funds from family or friends. (F-1 dependents will be issued F-2 visas.)
- DS-2019 (for J-1 Exchange Visitor/Student visa). My primary source of funding will be U.S. or home-country government or an international organization. (J-1 dependents will be issued J-2 visas.)
- I do not need Benedictine documents because my sponsoring agency will issue (e.g. Fulbright).
- I will remain on \_\_\_\_\_ visa (attach photocopies of your visa and I-94).

### Upon admission, please send copies of the following documents:

- Photocopy/scan of your current passport
- Photocopy/scan of your current visa (if already in U.S.A.)
- Current I-20s and/or DS-2019 form (if already in U.S.A.)
- Passport and visa photocopies/scans of all dependents who are with you in the U.S.A.

## INTERNATIONAL STUDENT FINANCIAL SUPPORT FORM — (for F and J visa students only)

Please complete all information requested in this section.

### I. Source of Support

- I will pay for school with my personal funds.
- I will be sponsored by another individual, i.e. parents, family member, other sponsor.
- I will be sponsored by a government or organization.

**Official documents in the form of bank statements, certified scholarships or award letters must be received and will not be returned. Proof of sufficient funding must be demonstrated for one year of tuition at the program's posted tuition rate, plus additional funding of \$12,128 USD (\$10,628 for living expenses and \$1,500 for personal expenses). Each dependent will require an additional \$3,000 USD of funding.**

**All financial documents submitted must be no older than 60 days from the date of application.**

### II. Source of Funds

(Amounts in this section must match attached financial documents):

Name of Account Holder: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

Name of Institution Official: \_\_\_\_\_

Account Number: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Total Amount Available in USD: \$ \_\_\_\_\_

### III. Student Declaration of Accuracy

I certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading information will result in disciplinary action and possible termination of my SEVIS record.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## NON-DISCRIMINATION POLICY

In administering its affairs, Benedictine University does not discriminate against any person on the basis of race, creed, color, national or ethnic origin, sex, age, disability, military or veteran status, marital status, citizenship, or any other characteristic protected by applicable law. The laws applicable to Benedictine University include constitutional and statutory protections of the University's rights as a religiously sponsored institution.

### READ CAREFULLY AND SIGN AS INDICATED — *REQUIRED*

I AGREE TO COMPLY WITH THE REGULATIONS AND REQUIREMENTS OF BENEDICTINE UNIVERSITY, AND TO COOPERATE WITH THE ADMINISTRATIVE OFFICERS, FACULTY AND MY FELLOW STUDENTS IN MAINTAINING HIGH STANDARDS OF CONDUCT AND SCHOLARSHIP AND IN PROMOTING THE GENERAL WELFARE OF THE UNIVERSITY. I UNDERSTAND THAT THE UNIVERSITY RESERVES THE RIGHT TO CANCEL THE REGISTRATION OF ANY STUDENT AT ANY TIME WHATSOEVER FOR REASON OF DEFICIENCY IN SCHOLARSHIP, UNSATISFACTORY CONDUCT OR FOR ANY OTHER JUST CAUSE. I AGREE TO PAY ALL FEES IN ADVANCE EACH TERM OR BY SPECIAL ARRANGEMENT WITH THE UNIVERSITY. I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TO THE BEST OF MY KNOWLEDGE CORRECT AND COMPLETE. FAILURE TO PRESENT ACCURATE INFORMATION IN THIS DOCUMENT CAN LEAD TO THE DENIAL OF ADMISSION, REVOKING OF ADMISSION OR ADMINISTRATIVE WITHDRAWAL FROM COURSE ENROLLMENT. I HEREBY AUTHORIZE BENEDICTINE TO INVESTIGATE ANY STATEMENT CONTAINED IN THIS APPLICATION. I HEREBY RELEASE ANY PARTY FROM LIABILITY AS A RESULT OF ANY INFORMATION PROVIDED TO BENEDICTINE. IT IS UNDERSTOOD THAT I ACCEPT REGISTRATION AS A STUDENT AT BENEDICTINE SUBJECT TO THE ABOVE PROVISIONS.

I UNDERSTAND THAT I MAY BE PHOTOGRAPHED OR VIDEOTAPED WHILE AT BENEDICTINE UNIVERSITY. I GIVE PERMISSION FOR PHOTOS OR VIDEOTAPE OF ME TO BE USED TO PROMOTE BENEDICTINE UNIVERSITY AND THAT SUCH PHOTOS AND VIDEO WILL BE THE PROPERTY OF BENEDICTINE UNIVERSITY. I ALSO GIVE PERMISSION FOR INFORMATION ABOUT MY ACCOMPLISHMENTS WHILE A STUDENT AT BENEDICTINE UNIVERSITY TO BE USED TO PROMOTE BENEDICTINE UNIVERSITY.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**For additional information or to submit additional materials as required, please contact:**

**Ph.D. in Organization Development**

Phyllis Meyers  
pmeyers@ben.edu  
(630) 829-6208

**Ph.D./D.B.A. in Values-Driven Leadership**

Associate Director  
info@cddl.org  
(630) 829-2173